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B22A (Official Form 22A) (Chapter 7) (04/13)

In re	Nicholas Stuart Helbling Anna Maria Helbling	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
	,	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/
	☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7	7) EX	KCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this state	ment	as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.				
	o. Married, not filing jointly, with declaration of separate households. By checking this box,	debto	r declares unde	r penalty of	
	perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my s				
2	for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Com Income") for Lines 3-11.	plete	only column A	("Debtor's	
	 Married, not filing jointly, without the declaration of separate households set out in Line 2 ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 	.b abo	ove. Complete	both Column A	
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B	(''Spo	use's Income') for Lines 3-11.	
	All figures must reflect average monthly income received from all sources, derived during the six	(Column A	Column B	
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before		Debtor's	Spouse's	
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Income	Income	
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$		\$ 0.00	
	Income from the operation of a business, profession or farm. Subtract Line b from Line a and	Ψ	0.00	* 0.00	
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one				
	business, profession or farm, enter aggregate numbers and provide details on an attachment. Do				
	not enter a number less than zero. Do not include any part of the business expenses entered on				
4	Line b as a deduction in Part V.				
	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.00				
	 b. Ordinary and necessary business expenses c. Business income subtract Line b from Line a 	ď	0.00	\$ 0.00	
		\$	0.00	5 U.UU	
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any				
	part of the operating expenses entered on Line b as a deduction in Part V.				
5	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.00				
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00				
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$ 0.00	
6	Interest, dividends, and royalties.	\$	0.00	\$ 0.00	
7	Pension and retirement income.	\$	0.00	\$ 0.00	
	Any amounts paid by another person or entity, on a regular basis, for the household				
	expenses of the debtor or the debtor's dependents, including child support paid for that				
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your				
	spouse if Column B is completed. Each regular payment should be reported in only one column;	¢.	0.00	\$ 0.00	
	f a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	5 0.00	
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a				
	penefit under the Social Security Act, do not list the amount of such compensation in Column A				
9	or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to				
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$ 0.00	
	Income from all other sources. Specify source and amount. If necessary, list additional sources				
	on a separate page. Do not include alimony or separate maintenance payments paid by your				
	spouse if Column B is completed, but include all other payments of alimony or separate				
	maintenance. Do not include any benefits received under the Social Security Act or payments				
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	Debtor Spouse				
	a. Draws from corporation \$ 5,359.10 \$ 0.00				
	b. \$ \$				
1		Ι.	5,359.10	\$ 0.00	
	Total and enter on Line 10	\$	3,339.10	Ψ 0.00	
11	Total and enter on Line 10 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if	\$	5,359.10		

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		5,359.10	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	٧			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the enter the result.	number 12 and	\$	64,309.20	
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: NV b. Enter debtor's household size:	4	\$	62,636.00	
Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not are top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	ATION OF CUE	RREN	MONTHLY INCOM	ME FOR § 707(b)(2)	
16	Enter the amount from Line 12.					\$	5,359.10
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each j not check box at Line 2.c, enter zero	regular basis for the ow the basis for excl support of persons opurpose. If necessary	householuding that	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's	the debtor's s payment of the dependents) and the		
	a. b. c. d. Total and enter on Line 17			\$ \$ \$		\$	0.00
18	Current monthly income for § 70%	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$	5,359.10
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Dec	luctions under St	andard	s of the Internal Revenu	ne Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$	1,482.00		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 year a1. Allowance per person		a2.	Persons 65 years of age Allowance per person	or older 144		
	b1. Number of persons	4	b2.	Number of persons	0		
	c1. Subtotal	240.00	c2.	Subtotal	0.00	\$	240.00
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	expenses for the applifrom the clerk of the allowed as exemption	icable co bankruj	ounty and family size. (This otcy court). The applicable fa	information is amily size consists of		647.00

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$	1,740.00		
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	0.00		
	c. Net mortgage/rental expense	Subtract Line b from Line a.		\$ 1,7	740.00
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	tled under the IRS Housing and Uti	ilities	\$	0.00
	I and Standards to an artist of the control of the		-	Ψ	0.00
22A	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	f whether you pay the expenses of			
	\square 0 \square 1 \blacksquare 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IR applicable Metropolitan Statistica	l Area or	\$	472.00
	Local Standards: transportation; additional public transportation	expense. If you pay the operating	expenses		
22B	for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go	you are entitled to an additional de insportation" amount from IRS Loc	duction for	\$	0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)			Ψ	0.00
	□ 1 □ 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from th (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 23. Do not enter an amount less than zero.	court); enter in Line b the total of the	ne Average		
	a. IRS Transportation Standards, Ownership Costs	\$	0.00		
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	0.00		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$	0.00
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs \$ 0.				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$	0.00		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$	0.00
25	Other Necessary Expenses: taxes. Enter the total average monthly estate and local taxes, other than real estate and sales taxes, such as incessecurity taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes,		\$	600.00

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. ary 401(k) contributions.	\$	0.00
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			30.00
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative agrinclude payments on past due obligations included in	Enter the total monthly amount that you are required to ency, such as spousal or child support payments. Do not Line 44.	\$	0.00
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			0.00
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and pr		\$	0.00
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of insurance or paid by a health savings account, and that is include payments for health insurance or health savings.	yourself or your dependents, that is not reimbursed by s in excess of the amount entered in Line 19B. Do not	\$	10.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			0.00
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$	5,221.00
24	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonal dependents.	avings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your		
34	a. Health Insurance	\$ 380.00		
	b. Disability Insurance	\$ 0.00		
	c. Health Savings Account	\$ 0.00	\$	380.00
	below: \$	your actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
	expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of	e and necessary care and support of an elderly, chronically	\$	0.00
36	expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. Protection against family violence. Enter the total aver	e and necessary care and support of an elderly, chronically your immediate family who is unable to pay for such rage reasonably necessary monthly expenses that you nder the Family Violence Prevention and Services Act or	\$	0.00
36	expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. Protection against family violence. Enter the total aver actually incurred to maintain the safety of your family upother applicable federal law. The nature of these expenses. Home energy costs. Enter the total average monthly an Standards for Housing and Utilities, that you actually ex	e and necessary care and support of an elderly, chronically your immediate family who is unable to pay for such rage reasonably necessary monthly expenses that you nder the Family Violence Prevention and Services Act or		
	expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. Protection against family violence. Enter the total aver actually incurred to maintain the safety of your family us other applicable federal law. The nature of these expenses Home energy costs. Enter the total average monthly an Standards for Housing and Utilities, that you actually extrustee with documentation of your actual expenses, a	e and necessary care and support of an elderly, chronically your immediate family who is unable to pay for such age reasonably necessary monthly expenses that you need the Family Violence Prevention and Services Act or es is required to be kept confidential by the court. Induct, in excess of the allowance specified by IRS Local append for home energy costs. You must provide your case and you must demonstrate that the additional amount and an energy costs. Service with the approvide your case trustee with the explain why the amount claimed is reasonable and	\$	0.00

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	expenses exceed the combined allow	ances for food and clothing (apparel a combined allowances. (This information	ion is available at www.usdoj.gov/ust/	\$	0.00
40	Continued charitable contributions financial instruments to a charitable of		inue to contribute in the form of cash o 170(c)(1)-(2).	r \$	0.00
41	Total Additional Expense Deductio	ns under § 707(b). Enter the total of	Lines 34 through 40	\$	380.00
	•	Subpart C: Deductions for D	ebt Payment		
42	check whether the payment includes scheduled as contractually due to each	entify the property securing the debt, staxes or insurance. The Average Month Secured Creditor in the 60 months to	tate the Average Monthly Payment, and thly Payment is the total of all amounts		
	Name of Creditor	Property Securing the Debt	Average Monthly Does payment include taxes or insurance?		
	aNONE-		\$ □ yes □ no		
	Other payments on secured claims.		Total: Add Lines	\$	0.00
43	your deduction 1/60th of any amount payments listed in Line 42, in order t sums in default that must be paid in the following chart. If necessary, list Name of Creditor aNONE-	o maintain possession of the property order to avoid repossession or foreclos	The cure amount would include any sure. List and total any such amounts in 1/60th of the Cure Amount \$		
			Total: Add Lines	\$	0.00
44	Payments on prepetition priority of priority tax, child support and alimon not include current obligations, suc	y claims, for which you were liable at	by 60, of all priority claims, such as the time of your bankruptcy filing. D o	\$	0.00
	Chapter 13 administrative expense chart, multiply the amount in line a b		er chapter 13, complete the following esulting administrative expense.		
45	issued by the Executive Office	hapter 13 plan payment. istrict as determined under schedules be for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk o	f x 6.40		
	c. Average monthly administrat	tive expense of chapter 13 case	Total: Multiply Lines a and b	\$	0.00
46	Total Deductions for Debt Payment	Enter the total of Lines 42 through	45.	\$	0.00
	5	Subpart D: Total Deductions	from Income		
47	Total of all deductions allowed und	er § 707(b)(2). Enter the total of Line	es 33, 41, and 46.	\$	5,601.00
	Part VI. D	ETERMINATION OF § 707	(b)(2) PRESUMPTION		
48	Enter the amount from Line 18 (Cu	nrrent monthly income for § 707(b)(2))	\$	5,359.10
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$	5,601.00
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	ne 48 and enter the result.	\$	-241.90
51	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			\$	-14,514.00

	Initial presumption determination. Check the applicable box and proceed as directed.				
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise 1 of this statement, and complete the verification in Part VIII.	se" at the top of page			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
	Part VII. ADDITIONAL EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income under 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average neach item. Total the expenses.	er §			
	Expense Description Monthly Amoun	nt			
	a.	_			
	c. \$				
	d. \$				
	Total: Add Lines a, b, c, and d \$				
	Part VIII. VERIFICATION				
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint must sign.) Date: September 17, 2014 Signature: /s/ Nicholas Stuart Helbling (Debtor)				
	Date: September 17, 2014 Signature /s/ Anna Maria Helbling Anna Maria Helbling (Joint Debtor, if an	y)			

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.